HPTN Prevention Now!
HIV Prevention Trials Network

Network News • March 2011 • Issue No. 4

What's New in the HPTN?

Lush greenery surrounds the offices of HPTN's newest clinical research site, located in Agincourt, South Africa.

HPTN Activates Its Newest Clinical Research Site

HPTN 068 is a "new" trial in many respects. It is new not only because it just opened to enrollment, but also because it is evaluating a new HIV prevention approach (cash incentives to promote school attendance), is targeting a new population for the HPTN (adolescent girls), and is being conducted at a brand new clinical research site.

The MRC/Wits Rural Public Health and Health Transitions Research Unit, located in Agincourt, South Africa, is the only site where this large Phase III trial is being conducted.

"This is the first time the site will be conducting a network-level clinical trial of this magnitude, and we are very excited about that," says Senior Research Clinician Philip Andrew, who has been overseeing preparation of the site.

In December, a three-day training was held to provide about 90 study staff with an overview of the study protocol. Over the past few weeks, several small group trainings have been conducted on more detailed aspects of the trial, and staff have been busy practicing their newly acquired skills. The site has also created a community advisory group

Making Progress

HPTN 061 Presents Recruitment Data
At the 18th Conference on Retroviruses and Opportunistic Infections (CROI), which was recently held in Boston, Massachusetts, the HPTN 061 study team presented data collected during the screening of 5,886 potential study participants. The team described the approaches used at multiple sites to enroll Black men who have sex with men (MSM) and discussed successes, challenges, reasons for ineligibility, and lessons learned. Of the potential participants who were screened, 1,557 enrolled in the study. Read about these and other findings in the conference abstract.

Retention Retreat for HPTN 061
In December, the HPTN 061 Black Caucus facilitated a two-day retention retreat to assess the study's current retention trends, identify barriers to retention, and develop recommendations for improving retention rates. HPTN 061 is determining the feasibility and acceptability of a multi-component intervention to reduce the incidence of HIV among Black men who have sex with men in six U.S. cities. Because very few clinical trials have evaluated HIV prevention interventions in this population, best practices for retention are not yet available. Outcomes of the retreat, which are being written up for publication, should help address this gap.

Analysis of HPTN 064 Data Begins
In January, HPTN 064 held a week-long meeting where 35 community members, site representatives, protocol team members, and site investigators

of representatives from all 25 villages that are participating in the trial.

"The site has been preparing for many months, and we are so excited that the study has started and that 11 young women have been enrolled to date," says Dr. Audrey Pettifor, an associate professor at the University of North Carolina Gillings School of Global Public Health and the protocol chair of HPTN 068.

What's New in Prevention?

iPrEx First to Show Efficacy of Oral Pre-Exposure Prophylaxis

HPTN congratulates the iPrEx team for providing the first evidence that pre-exposure prophylaxis (PrEP) with oral antiretroviral drugs could help prevent HIV infection. Results of this groundbreaking Phase III trial were published in December 2010 in ***The New England Journal of Medicine***.

The iPrEx study found that when compared with a placebo pill, daily use of oral Truvada (a combination of the antiretroviral drugs tenofovir and emtricitabine) reduced the risk of HIV infection by 43.8 percent.

"PrEP is of enormous importance to the most at-risk populations," says Dr. Sten Vermund, principal investigator of the HPTN. "The iPrEx study proved definitively that antiretrovirals can prevent HIV infection among men who have sex with men, and we hope that current studies by FHI, the University of Washington, and others will confirm this to be true for at-risk women as well."

The HPTN has developed the next logical sequence of high-priority PrEP studies. The network has initiated a Phase I pharmacokinetic trial of Truvada taken at different dosing intervals (**HPTN 066**) and has designed a Phase II trial (**HPTN 067**) to determine the feasibility of using intermittent dosing (rather than once-daily dosing) of the drug. The latter study is a collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and is led by Dr. Bob Grant, who was the principal investigator of the iPrex study.

A third trial (HPTN 069) will evaluate the safety and tolerability of and adherence to a newer drug, maravoric, alone or in combination with other antiretroviral drugs used for PrEP. This study is a collaboration between the HPTN and the AIDS Clinical Trials Group (ACTG).

Next Steps for Tenofovir Gel Research

The last six months have re-invigorated the field of antiretroviral-based HIV prevention research, beginning with news from the Centre for the AIDS Programme of Research in South Africa (CAPRISA) that 1% tenofovir gel could reduce a women's risk of acquiring HIV.

Based on a **meeting** (PDF, 565 KB) convened by the World Health Organization (WHO) and the United Nations Programme on AIDS (UNAIDS) in August 2010, international experts agree on three priorities.

"First, there is an urgent need to confirm the results of the study and to engage with regulators on what is needed for licensure of the gel," says HPTN co-principal investigator Dr. Quarraisha Abdool Karim, who is also the associate director of CAPRISA and was co-principal investigator of the CAPRISA 004 trial. "We also need to start implementation studies to plan for access, and we need to conduct expanded safety studies in populations such as adolescents, pregnant

conducted a preliminary analysis of the study's qualitative data. The purpose of the meeting was to ensure that a community voice is integrated into the process of data analysis, which includes data from 120 interviews and 32 focus groups with women enrolled in HPTN 064, as well as from 31 focus groups with men living in the study communities. Follow-up for all 2,098 study participants ended in February, so analysis can now begin on the quantitative data as well. The primary objective of HPTN 064 is to estimate the incidence of HIV among U.S. women who live in geographic areas with a higher prevalence of HIV and poverty than surrounding areas.

Enrollment Begins at Both HPTN 066 Sites

We are happy to report that the **HPTN 066** site at the University of North Carolina at Chapel Hill was activated in January, and that the site at Johns Hopkins University was activated in February. So far, four out of an expected 32 U.S. participants have been enrolled in this Phase I pharmacokinetic study of Truvada (a combination of the antiretroviral drugs tenofovir and emtricitabine) when taken at different dosing intervals.

HPTN 063 to Launch Soon in Brazil and Zambia

The Ministries of Health in Brazil and Zambia have recently approved **HPTN 063**, which is an observational study to inform the development of an intervention to reduce the behaviors that put HIV-positive individuals at risk of transmitting the virus. As such, the respective study sites in Rio de Janeiro and Lusaka are scheduled to open by the end of March. These two sites will join the third site, in Chiang Mai, Thailand, which has already enrolled 67 study participants. The study team expects to enroll about 800 HIV-positive women and men from all three sites.

Coming Soon

HPTN Annual Meeting
June 5–10, 2011
Washington, DC

Hot Off the Press

Avery LB, Parsons TL, Meyers DJ,

women, and people who are co-infected with Hepatitis B."

Two follow-up studies to CAPRISA 004 are being planned to help meet these challenges. CAPRISA 008 is a Phase III study that will gather additional safety data on tenofovir gel and will provide post-trial access to HIV-negative women who participated in the CAPRISA 004 trial. The study will also test a model for providing tenofovir gel through family planning services. The second study, CAPRISA 009, will examine treatment outcomes (for a tenofovir-containing treatment regimen) among CAPRISA 004 and CAPRISA 008 participants who became infected with HIV during the trials.

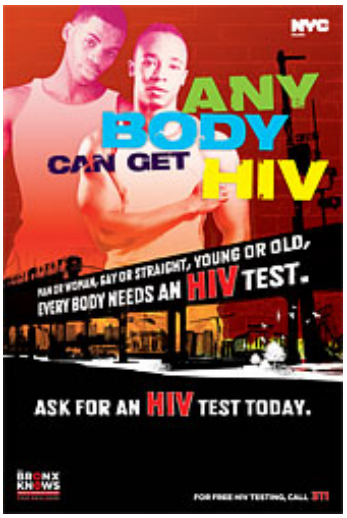
In the Community

Social Marketing Campaigns Get a Boost from HPTN 065

As various components of HPTN 065 (also known as TLC-Plus) are put in place, the study team is eager to see its social marketing campaigns in both Washington, DC, and the Bronx, New York, go live.

"These two cities were selected as intervention communities for HPTN 065 in part because they already had strong social marketing campaigns promoting HIV testing," says Dr. Wafaa El-Sadr, the study chair.

Working hand in hand with the local health departments, the HPTN 065 study team has developed advertisements that specifically target men who have sex with men (MSM)—the population at highest risk for acquiring HIV infection in Washington, DC, and the Bronx. The new ads, which will be disseminated via the Internet and through print media that reach MSM, are designed to fit seamlessly into the on-going testing campaigns in these two cities.



This new ad was specifically designed to reach men who have sex with men in the Bronx.

HPTN 065 is a community-focused study evaluating the feasibility of several innovative HIV prevention strategies, including expanded HIV testing (in emergency departments and hospital admissions) and financial incentives for improving linkage to care and adherence to antiretroviral treatment.

The social mobilization aspect of the study encourages MSM to have an HIV test done twice a year, which should increase the number of men who know their HIV status. Frequent HIV testing should also make it easier to identify men who are newly infected with HIV, link them to care early in the course of their infection, and help them reduce the risk of transmitting the virus (since HIV is most infectious in the first few months after it is acquired).

Black Caucus Remains a Strong Community Presence for HPTN 061

The HPTN 061 Black Caucus continues to contribute to many aspects of HPTN 061—the first study of its kind to test the feasibility of a community-wide multi-component HIV prevention intervention among Black men who have sex with men (MSM) in the United States.

The caucus is composed primarily of influential members of the Black

Hubbard WC. A highly sensitive ultra performance liquid chromatography-tandem mass spectrometric (UPLC-MS/MS) technique for quantitation of free and bound efavirenz (EFV) in human seminal and blood plasma. *J Chromatogr B Analyt Technol Biomed Life Sci* 2010;878(31):3217–3724.

Church JD, Huang W, Mwatha A, Musoke P, Jackson JB, Bagenda D, Omer SB, Donnell D, Nakabiito C, Eure C, Guay LA, Taylor A, Bakaki PM, Matovu F, McConnell M, Fowler MG, Eshleman SH. Analysis of HIV tropism in Ugandan infants. *Curr HIV Res* 2010;8(7):498–503.

Curlin ME, Cassis-Ghavami F, Magaret AS, Spies GA, Duerr A, Celum CL, Sanchez JL, Margolick JB, Detels R, McElrath MJ, Corey L. Serological immunity to adenovirus serotype 5 is not associated with risk of HIV infection: a case-control study. *AIDS* 2011;25(2):153–158.

Donnell D, Hughes JP, Fleming TR. Challenges in the design of HIV prevention trials in the United States. *J Acquir Immune Defic Syndr* 2010;55(Suppl 2):S136–S140.

Donnell D, Mimiaga MJ, Mayer K, Chesney M, Koblin B, Coates T. Use of non-occupational post-exposure prophylaxis does not lead to an increase in high risk sex behaviors in men who have sex with men participating in the EXPLORE trial. *AIDS Behav* 2010;14(5):1182–1189.

El-Sadr WM, Affrunti M, Gamble T, Zerbe A. Antiretroviral therapy: a promising HIV prevention strategy? *J Acquir Immune Defic Syndr* 2010;55(Suppl 2):S116–S121.

Hodder SL, Justman J, Haley DF, Adimora AA, Fogel CI, Golin CE, O'Leary A, Soto-Torres L, Wingood G, El-Sadr WM, HIV Prevention Trials Network Domestic Prevention in Women Working Group. Challenges of a hidden epidemic: HIV prevention among women in the United States. *J Acquir Immune Defic Syndr* 2010;55(Suppl 2):S69–S73.

Jacob ST, Baeten JM, Hughes JP, Peinado J, Wang J, Sanchez J, Reid SE, Delany-Moretlwe S, Cowan F, Fuchs JD, Koblin B, Griffith S, Wald A, Celum C. A post-trial assessment of factors influencing study drug adherence

MSM community, most of whom are affiliated with one of the study's eight clinical research sites, and many of whom are scientists themselves. Since the conception of HPTN 061, members of the caucus have been influential in designing a qualitative component to the study and in helping integrate Black MSM into the study leadership. The group also acts as a liaison between the study staff and the study leadership, especially when issues of racial or cultural competency arise at the study sites.

In January, most of the 19-member caucus traveled to Brooklyn, New York, where they held a face-to-face meeting during the **National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities** (PDF, 6.4 MB). There, the caucus members reviewed and updated their work plan, discussed participant retention for HPTN 061, and began formulating ideas on how to best advise study and network leadership for the remainder of the study.

"The HPTN 061 Black Caucus provides a unique opportunity for having input and influence on a major study with implications for the lives of Black gay men," says Dr. Sheldon D. Fields, who chairs the Black Caucus and is an associate professor in both the School of Nursing and the Center for Community Health at the University of Rochester. "First and foremost, our mission is to continue to ensure the successful implementation and follow-up of the study."

HPTN Contributes to First International Workshop on HIV and Women

In January, 134 HIV researchers and trainees convened in Washington, DC, for the First International Workshop on HIV and Women. Representatives of HPTN 064 were among those who presented at this two-day meeting, which focused on identifying HIV research priorities for women at all stages of their lives.

"Women comprise about half of all HIV infections globally, but many gaps remain in terms of what we know about HIV acquisition, disease progression, and treatment outcomes in this population," says HPTN co-principal investigator Dr. Quarraisha Abdool Karim, who was on the conference's organizing committee.

The HIV-related needs of women also change over their lifetimes. For instance, rates of HIV acquisition are highest among adolescents in generalized epidemics, but disease transmission and progression are more important issues for older women.

"Because these issues often get lost in the context of other topics that are being discussed, it is critical that we identify research priorities and design new studies to help us better understand them," says Dr. Abdool Karim.

For more details about the workshop, **click here**.

A Closer Look

HPTN 043: Community Mobilization Contributes to Successful Post-Intervention Assessment

For the past six years, 48 communities from five study sites in South Africa, Tanzania, Zimbabwe, and Thailand have been participating in **HPTN 043**, a community-wide randomized controlled trial of mobile HIV counseling and testing. Due to careful planning and a dedicated staff of at least 50 people at each site, the study's ongoing post-intervention assessment has progressed smoothly, with response rates as high as

in a randomized biomedical HIV-1 prevention trial. *AIDS Behav* 2010 Nov 20 [Epub ahead of print]

Laeyendecker O, Church JD, Oliver AE, Mwatha A, Owen SM, Donnell D, Brookmeyer R, Musoke P, Jackson JB, Guay L, Nakabiito C, Quinn TC, Eshleman SH. Pregnancy does not affect HIV incidence test results obtained using the BED capture enzyme immunoassay or an antibody avidity assay. *PLoS One* 2010;5(10):e13259.

Lynch KL, Breaud AR, Vandenberghe H, Wu AH, Clarke W. Performance evaluation of three liquid chromatography mass spectrometry methods for broad spectrum drug screening. *Clin Chim Acta* 2010;411(19–20):1474–1481.

Mastro TD, Kim AA, Hallett T, Rehle T, Welte A, Laeyendecker O, Oluoch T, Garcia-Calleja JM. Estimating HIV incidence in populations using tests for recent infection: issues, challenges and the way forward. *J HIV/AIDS Surv Epidemiol* 2010; 2(1):7.

Mayer KH, Venkatesh KK. Antiretroviral therapy as HIV prevention: status and prospects. *Am J Public Health* 2010;100(10):1867–1876.

Rennie S, Sugarman J. Developing ethics guidance for HIV prevention research: the HIV Prevention Trials Network approach. *J Med Ethics* 2010;36(12):810–815.

Sánchez J, Sal Y Rosas VG, Hughes JP, Baeten JM, Fuchs J, Buchbinder SP, Koblin BA, Casapia M, Ortiz A, Celum C. Male circumcision and risk of HIV acquisition among men who have sex with men. *AIDS* 2011;25(4):519–523.

Topic for Discussion

Clinical Use of Pre-Exposure Prophylaxis

In the wake of the recent iPrEx results, the U.S. Centers for Disease Control and Prevention (CDC) has developed interim **guidelines** on the clinical use of pre-exposure prophylaxis to prevent HIV among men who have sex with men in the United States. Do you think we're ready? Send your comments to **news@hptn.org**, explaining your position, and we will print some of them in the next issue of the newsletter.

96 percent at some sites.

A field worker and a nurse in Zimbabwe prepare to visit a household during the post-intervention assessment.

"Community mobilization has been an important factor in the high response rates at all of our sites," says Dr. Carla Zelaya, an assistant scientist at Johns Hopkins Bloomberg School of Public Health and the trial's assessment coordinator. "Without an enormous amount of mobilization and without the community buy-in that the mobilization has achieved, the assessment would have been extremely difficult."

The trial, also known as **NIMH Project Accept**, is determining whether the mobile counseling and testing service, coupled with community outreach, same-day results, and post-test support, can reduce the risk of HIV in the 48 study communities. More than 52,000 members of randomly selected households in these communities are participating in the post-intervention assessment.

The assessment contains both a biologic component and a behavioral component. All household members between the ages of 18 and 32 are being asked to provide a blood sample for HIV testing and to complete a short survey on main HIV-risk behaviors. One member from each randomly selected household is also being asked to fill out a longer behavioral survey to evaluate all risk factors for HIV infection.

"In the beginning, the assessment was really a daunting experience because we were worried people wouldn't want to give blood," says Dr. Zelaya. After all, many of the study participants already knew their HIV status, especially those from the intervention communities. And, for those who didn't know their HIV status, the study team was asking them to wait at least six weeks for their test results. "But what we encountered, after intense community mobilization efforts, was a huge willingness on the part of the households," says Dr. Zelaya.

Each study site has its own community mobilization team, adapted to the unique cultural and logistical characteristics of the site. In Tanzania, for example, the team is known as the "community preparedness" team, and is dedicated to ensuring that elected and religious community leaders, as well as general community members, understand and approve of the assessment procedures before any data are collected.

The team first meets with the commissioner of Kisarawe District (where the trial is being conducted in Tanzania) and then with the ward, village, and subvillage leaders of individual communities. Additional subvillage meetings are then organized to inform the rest of the community members about the assessment.

Marta Mulawa, the research coordinator for HPTN 043 in Tanzania, has been overseeing this process. "We believe that having these in-depth meetings and an open dialogue with community members in both intervention and control communities will help avoid a differential between response rates in the two sets of communities," she says.

(Please include your name and affiliation.)

Want to Read More?

HIV Prevention Trials Network
http://www.hptn.org/index.htm

HPTN 068
http://www.hptn.org/research_studies/hptn068.asp

HPTN 043
http://www.hptn.org/research_studies/hptn043.asp

HPTN 061
http://www.hptn.org/research_studies/hptn061.asp

HPTN 064
http://www.hptn.org/research_studies/hptn064.asp

First International Workshop on HIV & Women
http://www.virology-education.com/index.cfm/t/1st_International_Workshop_on_HIV_Women_from_Adolescence_through_Menopause/vid/F44E4528-ED5E-2045-E7E7BDD3062358A3

Next Steps for 1% Tenofovir Gel
http://www.who.int/reproductivehealth/topics/rtis/WHO_UNAIDS_Next_steps_tenofovir_gel_Ex_report.pdf

HIV/AIDS Network Coordination
http://www.hanc.info/Pages/default.aspx

Blog.AIDS.gov
http://blog.aids.gov/

Contact Us

We would love to hear your comments on the newsletter, answer any questions you have about its content, or consider your ideas for future articles. Please contact us at news@hptn.org.

facebook

twitter

With more than half of the post-intervention assessment completed in Tanzania, the response rates have been about 84 percent for the blood draws and 96 percent for the behavioral survey. The assessment is on schedule to be completed by July 2011 at all five study sites.

The entire post-intervention assessment team in Tanzania is working hard to keep response rates high in both intervention and control communities.

Was this email forwarded to you? You can subscribe **here**.